RECEIVED
CENTRAL FAX CENTER

. SEP 2 2 2004

S/N 09/551,919   **PATENT**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Joseph P. R. Tosey	Examiner:	Beemnet W. Dada
Application No.:	09/551,919	Group Art Unit:	2135
Filed:	April 19, 2000	Docket No.:	50014.0001US01
Title:	OPERATING SESSION REAUTHORIZATION IN A USER-OPERATED DEVICE		

CERTIFICATE UNDER 37 CFR 1.6(d): I hereby certify that this correspondence is being sent via facsimile to (703) 872-9306, Mail Stop Amendment, Commissioner for Patents, Attn: Examiner Dada, Beemnet W., P.O. Box 1450, Alexandria, VA 22313-1450 on September 22, 2004.

By:_____
Name: Kayla U. Butcher

FINAL RESPONSE

Mail Stop Amendment
Commissioner for Patents
Attn: Examiner Beemnet W. Dada
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Final Office Action of July 23, 2004, please reconsider the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims that begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.

11/01/2004 BHILLIAR 00000003 132725   09551919

01 FC:1201   86.00 DA
02 FC:1202   36.00 DA

Page 1 of 17

PATENT APPLICATION FEE DETERMINATION RECORD
Effective December 29, 1999

Application or Docket Number

09/551919

CLAIMS AS FILED - PART I

FOR	(Column 1) NUMBER FILED	(Column 2) NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	34 minus 20=	14
INDEPENDENT CLAIMS	3 minus 3 =	
MULTIPLE DEPENDENT CLAIM PRESENT		

* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY TYPE ☐ **OR** **OTHER THAN SMALL ENTITY**

RATE	FEE		RATE	FEE
	345.00	OR		690.00
X$ 9=		OR	X$18=	252
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL		OR	TOTAL	942

CLAIMS AS AMENDED - PART II

5-18-04

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	37	Minus	34	=
Independent	3	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

9-22-04

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	36	Minus	34	= 2
Independent	4	Minus	3	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	4x 36
X39=		OR	X78=	86
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	#/22

AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total		Minus		=
Independent		Minus		=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X39=		OR	X78=	
+130=		OR	+260=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.